## ហ $^{\circ}$ L മ 20168304020007

## FFC FORM 2

STATEMENT OF CAND	DIDACY			
1. (a) Name of Candidate (in full) Kathleen Alana McGinty			दुस्य	FTARY OF THE SENATE
(b) Address (number and street)			2. Candidate's FEC black	Maleattole Northbed: 30
(c) City, State, and ZIP Code Wayne, PA 19087		3. Is This New Statement (N)	OR (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State PA	& District of Candidate	
DESIG	NATION OF PRINCIPAL	CAMPA	IGN COMMITTE	E
7. I hereby designate the following na	-		_	2016 election(s). (year of election)
NOTE: This designation should be file	ed with the appropriate office listed i	n the instru	ctions.	
(a) Name of Committee (in full)				
Katie McGinty For Sen	ate			
(b) Address (number and street)				
PO Box 22447				
(c) City, State, and ZIP Code				
Philadelphia, PA 1911	0			
I hereby authorize the following na	INATION OF OTHER AUT (Including Joint Fundraising	g Represen	tatives)	
behalf of my candidacy.  NOTE: This designation should be file	ed with the principal campaign comm	nittee.		
(a) Name of Committee (in full)				
McGinty Matthews Vict	ory Fund			
(b) Address (number and street)				
1050 17th Street NW S	uite 590			
(c) City, State, and ZIP Code				
Washington, DC 20036				
certify that I have examined	this Statement and to the best of r	ny knowled	ge and belief it is true, o	correct and complete.
Signature of Candidate	Malerley		3/3/201	0
Note: Submission of false erroneous, or Inc.	omplete Information may subject the person	n signing this S	Statement to penalties of 2 U	.S.C 437g.

## **Hand Delivered**

K. MACCELLUM
PERINTENDENT
NATE OFFICE BUILDING
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WASHINLTON, DC 20510-711
PHONE [2021 224-0322

## United States Senate

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OFFICE OF PUBLIC RECORDS

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